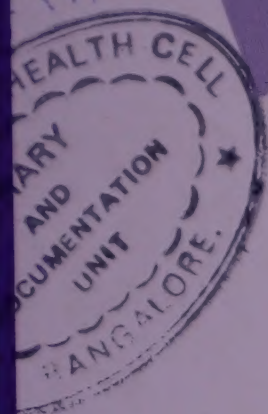


**WOMEN'S HEALTH TRAINING RESEARCH AND  
ADVOCACY CENTRE**



***In-House Advocacy Workshop***

Renu Khanna

Aparna Joshi

**WOHTRAC WORKSHOP REPORT**

NO. 3

1997

**WOMEN'S STUDIES RESEARCH CENTRE  
M.S. UNIVERSITY OF BARODA  
INDIA.**

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**WOMEN'S STUDIES RESEARCH CENTRE**

**IN-HOUSE ADVOCACY WORKSHOP**

**(19th - 23rd November, 1996)**

*Organizers*

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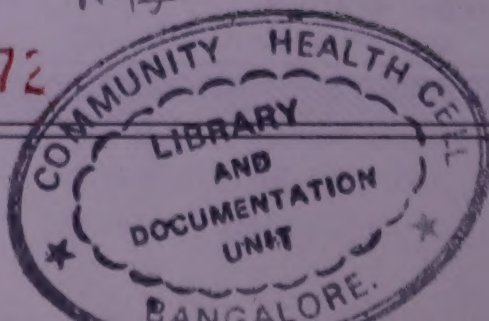
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## FOREWORD

This is the report of an in house workshop on Advocacy organized at the Women's Studies Research Centre, M.S.University of Baroda by the Women's Health, Training, Research and Advocacy Centre (WOHTRAC) from 27th November to 29th November '96.

Recognizing that continuous advocacy efforts are necessary for creating and maintaining the right supportive environment for Women-Centred Health Care with the existing health care system, we the members of WOHTRAC felt the need to understand the various dimensions of advocacy and equip ourselves for carrying out our advocacy role more effectively. We were also keen to learn how to plan and structure advocacy campaigning and to integrate an advocacy 'culture' into our centre's activities.

This workshop was intended to be the first step in a series of activities we plan to carry out during the next two years to strengthen our advocacy role and to evolve a set of strategies and mechanisms and identify the needed tools for planning an advocacy campaign.

One of the goals of advocacy is to introduce or change policies and programmes or positions and issues. Through our discussions during the two day workshop we reaffirmed that WOHTRAC has two major advocacy domains, one within the university system and two the government at the district and state level health care system as well as the people at large who are served by the system.

The broad areas we want to advocate for are :

- \* Concept of Women Centred Health care
- \* Girl Child and Adolescent Sexuality
- \* Violence as a Health Issue.

We recognize that our efforts will be successful only if we form networks, build linkages and establish coalitions with other like minded organizations and individuals.

The workshop helped us to clarify and reach a common understanding of 'Advocacy' and also realize that advocacy is scientific and that it is essential to be sharp, clear and specific in formulating both the advocacy issue's as well as objectives.

It is hoped that this report will be instrumental to other groups, in aiming to play an advocacy role.

**PROF. AMITA VERMA**  
Hon. Advisor, WOHTRAC.  
Hon. Director, WSRC

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## BACKGROUND

Women's Health, Training, Research and Advocacy Centre (WOHTRAC) is a project in Women's Studies Research Centre (WSRC) initiated in 1996, with financial support from the Ford Foundation. It is a multidisciplinary partnership venture between M.S. University of Baroda - Women's Studies Research Centre, Population Council and Society for Operational Research and Training (SORT).

The major goal of the centre is strengthening the institutional capacity at the M.S. University of Baroda in social science research in the area of women's holistic health.

The centre has evolved out of the sustained efforts of an interdisciplinary group interested in women's health issues as a part of the Women Households Development Studies Information Centre (WHODSIC), a project funded by the Ford Foundation. This group comprising of mid-career professionals from different disciplines was later christened as the Women's Health Advocacy Cell (WHAC).

The major objectives of WHAC were research, training, networking and policy advocacy related to women's health with a holistic and women-centered health care perspective.

A series of workshops were organized by WHAC/WHODSIC group during the years 1992 through 1995.

1. Workshop - I (Women, Adolescent Girls and Health)
2. Workshop - II (Action-linked Research Methodologies for Women's Health)
3. Workshop - III (Women and AIDS)
4. Workshop - IV (Participatory Research)

(Copies of the workshop reports are available at WOHTRAC)

The Women's Health Training Research and Advocacy Centre (WOHTRAC) has evolved from the efforts of WHAC. The focus of WOHTRAC is to view health from an eco-cultural perspective and reinforce the concept of women-

centered health care. The major thrust areas of the centre are :

Training  
Research  
Advocacy  
Curriculum Change  
Documentaton

## INTRODUCTION TO THE WORKSHOP

The in-house workshop on advocacy was the third in the series of workshops organized by WOHTRAC. The first workshop was on 'Qualitative Research Approaches and the Concept of Women-Centered Health Care'. The second workshop focused on 'Documentation and Analysis of Qualitative Data' (Reports available at WOHTRAC).

Advocacy is one of the key areas of WOHTRAC. To acquire some inputs and equip themselves in the area of advocacy, the WOHTRAC members expressed the need for an workshop on advocacy. The present workshop on advocacy had the following objectives:

- i. to understand advocacy, and develop a perspective about advocacy,
- ii. to know about concepts of advocacy, different kinds of advocacy and various strategies related to advocacy,
- iii. to learn about advocacy in action through analysis of case studies on health and
- iv. to plan out the advocacy efforts of WOHTRAC.

The expected outcome of this workshop was a plan for advocacy efforts at WOHTRAC including strategies, responsibility, time frame and budget.

## Organization of the Workshop

The workshop was organized over two and half days from 27th to 29th November, 1996. The participants included



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WOHTRAC members and staff, WSRC staff and one staff member of Baroda Citizen's Council (BCC), an NGO working in the area of health. For the list of participants see Appendix A.

### Major Content Areas of the Workshop

1. Concept of Advocacy and the different dimensions of advocacy.
2. Tools of Advocacy.
3. Budget Analysis as an Advocacy Tool.
4. Advocacy Strategies.
5. Preparing a plan of action comprising the advocacy efforts of WOHTRAC.
6. A resource kit in the form of articles/manuals on advocacy was provided to the participants (see Appendix B for the list of papers).

### Resource Persons

S. Srinivasan, of SAHAJ was the main resource person. He was one of the first fellows of the Advocacy Fellowship Programme in Washington D.C. and has since 1989 been part of the efforts to analyse and understand advocacy efforts in India. He has also been active in campaigns for a rational drug policy in India, the child labour campaign etc.

Madhusudan Mistry of DISHA was the other resource person. He shared his experiences and insights from mobilisation and advocacy efforts for the rights of tribals over forest land and forest products. He also talked at length on budget analysis as an instrument for advocacy.

### SESSION HIGH LIGHTS

#### INTRODUCTION

The workshop began with the participants introducing themselves.

Renu Khanna (WOHTRAC core team member) gave a brief account of the emergence of Women's Health Advocacy

Cell (WHAC) and the series of workshops conducted by WHAC. She linked the WHAC activities to the genesis of the present workshop which focused on advocacy related to women's health. She further stated that most of the WOHTRAC members being academicians have very little or no experience in the area of advocacy. Since advocacy is one of the major thrust of WOHTRAC, it was essential to conduct an in-house workshop on advocacy. She concluded by saying that this would enable WOHTRAC to carve its path and plan activities to fulfill its goal of advocacy in women's health.

### WHAT DOES THE TERM ADVOCACY MEAN ?

Srinivasan set the ball rolling by asking "What does the term 'advocacy' mean?" This question triggered a lot of discussion within the group.

Public Advocacy is a comprehensive word that connotes lobbying in a public or social space for a cause. Advocacy is what advocates do - plead for another, argue for a cause, speak in favour of, support and/or defend a cause or a group of persons. Advocacy may be seen as an attitude or a frame of mind. Attention was drawn to a definition of advocacy given by Jai Sen in his paper 'Advocacy in India: Some Points Towards An Overview': "The promotion of a cause or an issue by a section of civil society to some centre/s of power in society, with the objective of influencing that centre is particular with respect to changes in public policy or changes in practice or projects".

The following actions connote advocacy of one kind or the other as specially when done with an idea of putting forward a cause or influencing people :

- \* reaching out to a group of persons
- \* providing information
- \* putting new concepts, ideas
- \* persuasion, debate for desired actions
- \* collective action aimed at a 'hegemonic' control of political, social and public spaces.



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Public advocacy is of two types :

- instrumental advocacy (eg.-advocacy for a bill on amniocentesis)
- ideological or ideational advocacy (eg.-towards say a more women - centered health care)

We have good laws and policies. But implementation is poor. Advocacy for implementation is often a major form of contemporary public advocacy.

Advocacy often assumes certain equations about state, society and class and power relationships among them. Advocacy, especially public advocacy, is to change these equations especially in the favour of the marginated and deprived.

Advocacy in another way can be defined as 'winning the hearts and minds of people' Mahatma Gandhi's struggle for freedom involved as much a wresting the hegemonic hold of the colonial British power as winning the hearts and minds of the people of India.

When we formulate our goals for advocacy, we need to be clear, to the extent possible, on the socio-political, ecological and historical contexts of the issue(s) being advocated. Almost every issue of concern is connected with the nature of the state, religion, family and patriarchy.

### **Advocacy Politics & Ethics**

One of the major areas that was discussed in connection with the 'politics of public advocacy' was the ethical issues that are involved in public advocacy. Consistency between means and ends was considered to be very important. According to the group members some of the values underlying these means ought to be adherence to truth, belief in equality, co-operation, openness and honesty about the means of finance, etc.

When one is trying to relate between politics and morality, and linking it up to the ethics of advocacy, it becomes difficult to take a stand. The question that is posed

is 'whose morality?' While taking a pro-poor stand, the issue of who has given one the authority to do so is raised. One must thus formulate one's own framework based on consistency between means and ends, a participatory and democratic approach and a belief in equality and co-operation, justice and freedom as determining values for social change. There does not appear to be one clearcut answer.

Research is often used as an instrument of advocacy. Research is loaded with values, biases and presumptions. How do we explain the goals of research to those affected or likely to be affected?

'Consistency' itself implies an evolving consciousness within a basic framework of adherence to truth and honesty, howsoever defined.

In public advocacy, there is need for compromise and negotiation along with coalition building and networking as there may be conflicting interests.

Srinivasan pointed out, that advocacy often involves generalizing from the particular to the general. It assumes causal forces that worked in a certain situation would work in larger spaces. We do this extrapolation more in good faith, even as there are limitations of our knowledge. Academicians, as much as activists, have to be conscious of not 'manufacturing' casuality.

The opposite, disaggregation from the general to the particular is often again not valid but is assumed to be valid. Both involve certain philosophical 'leaps of faith'.

### **BUDGET AS A TOOL FOR ADVOCACY**

Madhusudan Mistry's talk was focused on how budget analysis could be used as a tool for advocacy. He cited examples from his own experiences in the field. Mr. Mistry has organized textile workers, cycle-pullers, construction labourers, unionized them and lobbied for their rights. He has actively been working with the tribals in Gujarat and has



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organized youth in several areas of Gujarat.

- a. Mistry explained how a budget reveals the ideology of the government in power. One has to have an analytical framework and an understanding of the social structure. He cited the example of tribal development. He said that every year newspapers state that crores of rupees are spent on tribal development but the scenario in the tribal area gives one a totally contradictory picture. How are the funds utilized? It was this query that bothered him and provoked him to look at the budget and the expenditure reports carefully. Studying the budget revealed gross disparities, like for instance, duplication of schemes and lack of coordination between the various departments of the government. The performance reports and annual reports showed errors in calculations.

Budget analysis helped DISHA to sharpen its demands, showed ways to the government to fulfill those, and guide the government in the creation of employment potential, etc.

- b. He also explained how an organisation / project like WOHRAC can utilize budget as a tool for advocacy. WOHRAC can begin by:
  1. Examining the weightage given to health aspects in the overall budget in terms of funds allocation, both at the national and state level, keeping in mind the gender perspective.
  2. Reviewing the different areas included under health and funds allocated to each.
  3. Identifying the areas that have been left or given marginal attention but need focus.
  4. Formulating ways (concrete suggestions) to combat the given lacunae by giving priority to women's health.
  5. Reviewing the government performance report and annual report to understand the trend of expenditure in the health sector.

6. With the aid of the above information, pressurise the government to make the desired changes in the forthcoming budget.

Based on the information provided by the budget analysis, WOHRAC can serve as a 'watch dog' to the state and national government in all its policies and programmes related to health. WOHRAC can offer suggestions to the government that enable the government to incorporate the concept of holistic health for women and gender-sensitive health care in the present system.

### RELATIONSHIP OF MASS MOBILISATION TO ADVOCACY

What, if any, is the relationship of mass mobilisation with advocacy ?

This question kept cropping up often during the first half of the workshop. It was felt that they are directly related : advocacy is a tool for a cause. We tend to use advocacy as a substitute for mass mobilisation as the latter is not possible each and every time. Madhusudan Mistry was also asked to share his experience of the relationship between mass mobilisation and advocacy.

Mistry described DISHA's experience of mobilising tribals to get land itals for the forest land on which they have been cultivating for many years. He stated that many techniques we used to mobilise people at the local levels. These ranged from making audio cassettes with professional help, to street theatre performances, to wide distribution of pamphlets. The cassette had a wide appeal, similar to the fiery speeches of Sadhvi Ritambhara. In addition to all these was an 800 km march organized from Dangs to Ambaji practically across the length of Gujarat.

In 1994, there was a second march of around 8000 people from Ahmedabad to Gandhinagar. In November 1995, a 10-day dharna was organized at Gandhinagar. In the dhama, 2500 persons sat at Gandhinagar for 10 days, demanding itals for the forest lands that they had been cultivating.



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Mistry went on to say what kind of mass mobilisation gives credibility, legitimacy and tremendous power to the organization who is spearheading the agitation. Mistry warned that mobilising has to be seen as a long term programme; it creates hopes in the rural people who have been cheated and embarrassed by failure many, many times. There has to be commitment to deliver the goods. A process of analysis and negotiation with the powers have to go on simultaneously. Whether proposals can be accepted as they are, or whether they need to be modified or even rejected, has to be assessed on the spot and responses given. All this puts tremendous pressure on the organisers.

Mobilisation without interaction with politicians and the ruling political party may not be successful advocacy. The strategy adopted by many advocacy groups is to talk to bureaucrats and not the politicians. There is a fear of getting tainted by interacting with politicians. But advocacy groups need to realise that policy decisions will be taken by the politicians in power. Furthermore, it is good strategy to know how different political parties function, the dynamics within parties and between them, because these factors could be capitalised by advocacy groups.

In conclusion, Mistry differentiated between advocacy strategies like mobilising and budget analysis. While mobilising uses the power of the people, budget analysis uses the power of the intellect which is the hallmark of the ruling classes. A budget exercise done in isolation without mobilising and mass-based action appears to be an exercise done by a citizens' group without the legitimacy of those whose voice is being projected.

In response to the question of the relationship between mobilisation, mass movements and advocacy, Chinu Srinivasan referred the participants to the paper by Jai Sen, 'Advocacy in India : Some Points Towards an Overview'. In this paper, Sen lists some movements which have used advocacy and some that have not. Non-advocacy movements tend to be

- often not oriented towards policy or programme changes.

- 
- more oriented towards mobilisation of public opinion towards takeover of controlling power.
  - single organisation based.

The commonalities between advocacy and movements seem to be

- opposing and challenging the given order, or policies and projects which represent the interests of more powerful sections.
- often - but not always - putting forward alternatives.
- using many of the same tactics - mass mobilisation, cultural programmes for consciousness, raising, etc.,

#### ADVOCACY WITHIN THE ACADEMIC SETTING

Shubhada Kanani, a WOHRAC core team member and a Reader in the Department of Foods and Nutrition, presented her thoughts and experiences on opportunities for advocacy for persons from an academic setting.

Kanani had participated in the session in which the draft of State Nutrition Policy was being formulated. She stated that for preparing such an important draft, no nutrition expert was officially involved.

This experience gave her an insight into how academics can use research as an advocacy tool. Some of the factors which can contribute to and are necessary for an academician to perform an advocacy role are :

#### Attributes and Competencies of the Academician

- Subject matter competence, especially 'nuts and bolts of programme situations'.
- Knowledge of ground realities, willingness to spare the necessary time.
- Flexibility : rescheduling tasks; availability at short notice.
- Willingness to put up with inconveniences, attitudes and constraints of a government system; to be "just another individual".
- Open mind; appreciation of the situation 'on the other side'.



## The other factors

- Receptive government officials.
- Expertise available when needed, where needed, in the manner needed.

Based on these insights, Kanani suggested that just as teaching, research and extension are the three components of the mission of universities, advocacy should be propagated as the fourth component. She stated that there were inherent limitations in the three components mentioned above : research extension is geared towards attaining disciplinary expertise in specific areas and not in overcoming difficult socio-political factors. These limitations result in the 'ivory tower existence' of the academicians.

Against this background, Kanani posed the following questions :

1. Should advocacy be on the university agenda?
2. If yes, how can advocacy training be incorporated in Teaching, Research, Extension.

Informally

Formally : institutionalised

Interdisciplinary work (WOHTRAC)

3. What incentive can faculty members look forward to in order to participate in advocacy efforts.

Intangible gains : personal satisfaction

Tangible gains : publications, promotion

4. What counterpoints and constraints one should be prepared for

These could be:

- Unidisciplinary perspective
- Multidisciplinary perspective

5. How can action- research networks (University - GO's/NGO's) be built for advocacy?

The discussion brought out diverse view points.

- \* Should the question be reframed? Can advocacy be on academicians' agenda rather than the university agenda? How can the university decide on what areas to advocate?

Advocacy supports causes or issues, what cause would a university support?

- \* The job of the academicians is to train students who in turn can reach out to larger number of people and do advocacy. However are we equipping students for advocacy? We do not give them a set of skills to grapple with the socio-political factors in the larger environment. Thus advocacy needs to be a subject in our curriculum.
- \* Do we want to accept the role of advocates as established by the university? An university is an apparatus of the state. It can advocate a conformist status quo, or a reformist agenda. Can it really take on the transformist agenda of advocacy as we are defining it, viz. advocacy to change power equations?

The discussion concluded by looking at the two schools of thought on advocacy : advocacy as an attitude and advocacy as a set of skills and techniques. What academicians need to do in relation to advocacy appears to be action at two levels : firstly, advocate for a change in perspective in students, keep alive the ideological bases of their teaching and secondly, introduce courses on advocacy skills and techniques in their disciplines. The second action without the first would reduce advocacy to a bag of tricks and thus is dangerous.

## TOOLS OR INSTRUMENTS OF ADVOCACY

This discussion started with clarifying our understanding of civil society. This was briefly defined as 'a space other than the state'. An ideal civil society consists of institutions like the family, law, etc. functioning according to the "rules of the game", moving towards, if not functioning in, democracy and equity in society.



Advocacy on any issue - introduction of new laws or policy, changes in laws or policies, or their proper implementation of the existing laws - all necessitate interacting with one or more arms of the state. Small changes in programmes and schemes can be brought about by influencing and interacting with bureaucracy. More radical changes would call for longer term efforts and use of lobbying skills with the politicians. Advocacy groups need to exert pressure on the legislative bodies like the Parliament or the State Assembly. Advocates can provide information to legislators, reduce their workload by providing research assistance. Public Interest Litigation is one of more frequently used tools by advocates while working with the judiciary.

Reading material from National Centre of Advocacy Studies provided some useful tips for using the various tools of advocacy. The discussion focused more on media advocacy. It was felt that for WOHTRAC which is situated within the university setting, use of media and media advocacy may be the most suitable advocacy instrument. However, there are both positive and negative aspects in the use of media. Norms may need to be evolved to serve as guidelines in the use of media. There are dangers of rushing to the media too early or without having done one's homework. Our advocacy efforts then attain a populist line. However, controversial issues can be highlighted and projected by the media through the perspective of the advocate. Press releases, press conferences, letters to the editor, education of editorial column writers can all be parts of media advocacy.

A word of caution with respect to media advocacy was also voiced. Media, after all, is also an arm of certain dominant interests. Those who control the media may not necessarily have the interests of the marginalised at heart. What then, do we do? It was stressed that we need to identify which media segment we want to use. There is also an entire parallel media that can be put at the service of advocates. Feature services like Women's Feature Service, Centre for Environment Education, Centre for Science and Environment, etc. can be used. Media advocacy as much as

any advocacy involves:

- identifying the issue
- framing the issue
- \* doing appropriate back up research
- \* mobilising and networking with the segments of population affected by the issue
- \* identifying elements of the civil society that can be appropriately worked with
- \* identifying methods of protests/persuasion/lobbying

The importance of coalition building and networking in order to broad base the support for an issue was stressed.

This session ended with a reflection on what could be the pitfalls in advocacy.

1. One of the greatest pitfalls of advocacy is the danger of being 'branded' or labelled : setting up of a certain image that may hinder advocacy efforts.
2. One must also be careful and prevent the advocacy campaign from becoming a 'bandwagon'.
3. There is a likelihood that the advocacy campaign may become undemocratic as the decision rests with a few and the decision makers may be situated in a better position than others.
4. If advocacy efforts are not monitored or redefined from time to time there is a possibility of moving off track, and it becomes doing advocacy for the sake of advocacy. One should not confuse the means as the end.
5. Advocacy uses and creates networks and networking styles. We need to be careful especially that these networks are not self-perpetuating and cut off from a grass roots perception of reality.

While expressing the need of critiquing one's own advocacy efforts, the whole issue of the funding agencies and their agenda being unthinkingly promoted by advocacy groups was raised. The dilemma experienced due to the





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pressure put by donor agencies to follow their agenda and adopt their perspective was articulated by the group members.

It was suggested that we must document these experiences. Whether to succumb to these pressures or not remains an issue to be discussed further. No clear cut answer was available.

## ADVOCACY THROUGH WOHRAC

### *Summary of subgroup discussions and the plenary*

Gaining clarity on WOHRAC's role in advocacy and coming to some decisions about our advocacy agenda was a major objective of this workshop. Towards this end, a considerable time was spent in small group exercises to reflect on our role. The following questions guided the small group discussions :

- \* Why does WOHRAC want to get into advocacy? What are its strengths and limitations which would determine the nature of its advocacy efforts?
- \* What do we hope to achieve through advocacy? What can be the scope of our advocacy efforts based on our strengths and limitations?
- \* What areas do we want to advocate in? What specific objectives do we set for ourselves in the broad areas?
- \* What strategies would we use for each specific objective?
- \* Why does WOHRAC want to do advocacy?

In response to these questions, the members felt that we have a strength by virtue of being a multidisciplinary group. As a group, we also have academic roots which means we have certain amount of research capability. Training, has also been a part of our history as WHAC. The logical sequence of our research and training work is action, and this can be in the form of advocacy.

The fact that we are situated within the women's studies

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research centre is another strength. This can provide the women's studies perspective to our health advocacy efforts. Through WSRC we can also influence health agendas of other women's studies research centres.

At the regional level, our advocacy efforts may duplicate advocacy work of others like CHETNA, SEWA, GVHA. It is thus essential to know how WOHRAC is different from them and at the same time identify how WOHRAC can work with them. Our unique contribution can be advocacy based on sound multidisciplinary academic research and informed by a women's studies perspective.

When the WHAC group did the first workshop 'Women and Adolescent Girl's Health' in October 1991, the deliberations amongst the participants indicated that the concept of holistic health for women needed more discussion and debate. Not enough was being done for women's holistic health among medical professionals and policy makers, it was felt. It also appeared that not enough data existed on women's health needs and thus research was required.

In this context, the women's health advocacy group was born within WHODSIC. And although in the past six years since that first workshop, (thanks to the IPCD and the Beijing conference) many more people are talking about women - centered health care and women's holistic health, the concept has not yet taken root in programmes. Advocacy is required for achieving a gender sensitive health care delivery system and for enabling health care providers to look differently at women. Through advocacy, WOHRAC can bring about a change not just within the academia but also in the larger community of policy makers, the health care system and NGOs.

At this point, the participants also listed some of their limitations as the WOHRAC. Many of us have not yet developed perspective and skills required for advocacy. We still do not see ourselves as women's health advocates, and therefore we do not act as advocates. Most of us are full-time academics, we do not have a full-time commitment to advocacy. Till recently, we did not have a person or a set



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of persons who could spare time to attend meetings and workshops and make WOHRAC's stand known in public fora.

Another limitation is that WOHRAC does not have a defined field practice area where as a group we could test some of our concepts and theories, and where we could do interdisciplinary action research. If we had that, our advocacy could be based on something demonstrable in the field.

And finally, What is our politics? What is our philosophy? What sort of an image do we project in public fora? Because of our primary commitments to teaching (except for the two NGO WOHRAC core team members ) we have not given ourselves enough time to develop a shared perspective.

- \* What do we hope to achieve through our advocacy efforts ?

The participants decided to give a time frame of three years when considering the expected achievements of WOHRAC. They also decided to define the geographical scope of their work. Baroda District, Gujarat State and the Western Region (Maharashtra, Rajasthan and Madhya Pradesh) seemed a reasonable space to do advocacy. We would initiate our advocacy efforts in these three spaces. In addition, WOHRAC would respond to national and international women's health campaigns.

Thus in Baroda District we would like to work with Mahila Samakhyas's health programme. We would also like to influence the Baroda Municipal Corporation (BMC) and the district health care delivery system. In Baroda we should also work with the medical college to bring about changes in the curriculum and to create a climate for the concept of women's health that we are talking about we see ourselves as a part of the coalition of other advocacy groups in the state.

Together we should define an agenda for influencing the state health policies and programmes.

Through the women's studies research centre, we can

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transfer our understanding of women's health and the issues which concern us, to other women's studies centres in the region as well as the Indian Association of Women's Studies.

By doing all this, specifically we hope to

- spread an understanding of women-centered holistic health, gender issues in health, as well as empowerment and women's health;
- impact policy-makers and programme implementors across Baroda District and Gujarat including the medical college faculty and all levels of health care providers;
- create alliances with the media to reach the common person.

In the course of three years, we should have created an image of WOHRAC as a centre which does sound interdisciplinary research on women's health issues, provides training and support for qualitative and participatory research methodologies, and does advocacy for woman-centered, gender-sensitive health care delivery systems.

- What areas do we want to advocate in?

The participants narrowed the broad areas in which they want to advocate as

- Concept of woman-centered health care  
[target audience : policy makers, health care providers, university population, media and general public]
- Girl child and adolescents' sexuality
- Violence as a health issue

Apart from this, it was decided that some other steps needed to be taken to organise WOHRAC as an advocacy centre

- i. one full-time staff member needs to be deployed to work with the advocacy group in implementing advocacy strategies.
- ii. we need to plan a media advocacy strategy : press releases, letters to the editor, on special days (eg.



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AIDS Day or Women's Day), sending out special articles to the press, etc.

- iii. using the WOHRAC newsletter as an advocacy instrument. This means that one member from the advocacy sub-committee should be on the newsletter editorial committee.
- iv. organizing a study group once a month for building our own understanding on various issues
- v. organizing regular 'open house' in the documentation centre. Making these 'open-house' events topical.
- vi. plugging into other campaigns which are being initiated elsewhere. For this we have to either get together to discuss issues and form a collective opinion or set up a system for circulating literature and eliciting responses.

Appendix D gives advocacy plans of various core team members.

Appendix E is a draft plan of the centre as it emerged in the core group meeting of Feb.7, 1997.

## EVALUATION AND FUTURE PLANS

In a brief verbal evaluation session the participants expressed that they appreciated the workshop and the opportunity that it gave them to reflect and articulate on women's health, advocacy, ethical and other related issues. The concept of advocacy became clearer. They realised that advocacy is scientific and that it is essential to be sharp, clear

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and specific in formulating advocacy issues and objectives. The difference between IEC and advocacy became clear - advocacy is not just to do with the production and dissemination of fact sheets !

The objectives of the workshop were to orient ourselves about advocacy and then to plan WOHRAC's advocacy efforts : both objectives were achieved reasonably. This was an excellent beginning and the participants felt that we need to work a bit more to sharpen our advocacy plan.

The participants felt that they had got some idea of what advocacy could mean in an academic setting. The sessions were more from a social activist perspective, and research as an advocacy tool should have been discussed further.

The compendium of reading material was appreciated. It was mentioned that the discussions of the first day, sparked off an interest and curiosity in the participants and they were stimulated to read through the material.

Many participants also expressed that the process of the workshop was disturbed by their frequent comings and goings. In-house workshops should perhaps be kept away from the university campus.

In conclusion, it was reaffirmed that WOHRAC has two major advocacy domains, one within the M.S.University and two, the government at the district and state levels, health care system and the people at large. It was suggested that the core group members should prepare a position paper on women's health from the perspective of the different academic disciplines.



## APPENDIX - A

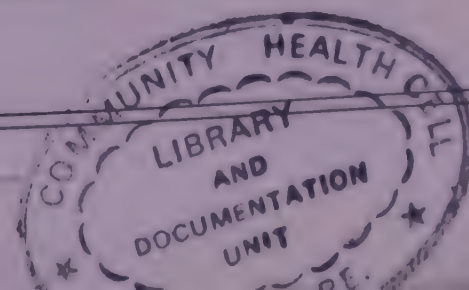
### ORGANISER WOHRAC

Ms. Renu Khanna

Mr. S Srinivasan

### PARTICIPANTS

No.	NAME OF THE PARTICIPANT	ADDRESS
1.	Prof. Amita Verma Hon. Advisor WOHRAC	Women's Studies Research Centre Former Girl's N.C.C Bldg, Faculty of Home Science Campus, M.S. University of Baroda, Baroda 390 002.
2.	Dr. Shagufa Kapadia Principal Investigator WOHRAC	Dept. of H.D.F.S. Faculty of Home Science Campus, M.S. University of Baroda., Baroda 390 002.
3.	Dr. Shubhada Kanani Co-Investigator WOHRAC	Dept. of Foods And Nutrition, Faculty of Home Science Campus, M.S. University of Baroda., Baroda 390 002.
4.	Dr. P.V.Kotecha Core Team Member WOHRAC	Dept. of Preventive And Social Medicine, Faculty of Medicine, M.S.University of Baroda, Baroda 390 002.
5.	Ms. Renu Khanna Core Team Member WOHRAC	SARTHI/SAHAJ 1, Tejas Apts, 53, Haribhakti Colony, Baroda 390 015.
6.	Ms. Bhavna Mehta Core Team Member WOHRAC	Faculty of Social Work, M.S.University of Baroda, Baroda 390 002.
7.	Ms. Amrit Chohan Core Team Member WOHRAC	Baroda Citizen's Council, Above Health Museum, Kamathibaug, Baroda.





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| 8.   | Dr. K. Sasikala<br>Project Co-ordinator<br>WOHTRAC        | Women's Studies Research Centre<br>Former Girl's N.C.C Bldg,<br>Faculty of Home Science Campus,<br>M.S.University of Baroda, Baroda 390 002. |
| 9.   | Ms. Celine Francies<br>Documentation Officer<br>WOHTRAC   | Women's Studies Research Centre<br>Former Girl's N.C.C Bldg,<br>Faculty of Home Science Campus,<br>M.S.University of Baroda, Baroda 390 002. |
| 10.  | Ms. Binitri Trivedi<br>Administrative Officer<br>WOHTRAC  | Women's Studies Research Centre<br>Former Girl's N.C.C Bldg,<br>Faculty of Home Science Campus,<br>M.S.University of Baroda, Baroda 390 002. |
| 11.  | Ms. Maushami Joshi<br>Research Associate<br>WOHTRAC       | Women's Studies Research Centre<br>Former Girl's N.C.C Bldg,<br>Faculty of Home Science Campus,<br>M.S.University of Baroda, Baroda 390 002. |
| 12.  | Ms. Aparna Joshi<br>Research Associate<br>WOHTRAC         | Women's Studies Research Centre<br>Former Girl's N.C.C Bldg,<br>Faculty of Home Science Campus,<br>M.S.University of Baroda, Baroda 390 002. |
| 13.  | Ms. Nandini Bhattacharayajee<br>Programme Officer<br>WSRC | Women's Studies Research Centre<br>Former Girl's N.C.C Bldg,<br>Faculty of Home Science Campus,<br>M.S.University of Baroda, Baroda 390 002. |
| 14.. | Ms. Manisha Bhattacharya<br>Project Fellow<br>WSRC        | Women's Studies Research Centre<br>Former Girl's N.C.C Bldg,<br>Faculty of Home Science Campus,<br>M.S.University of Baroda, Baroda 390 002. |
| 15.  | Ms. Varsha Parikh<br>Research Associate                   | Baroda Citizen's Council<br>Project on Reproductive Health & Sexuality<br>(Ford Foundation)  |



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## Appendix - B

### **Programme Plan**

(Nov. 27-29, 1996)

(2 1/2 Days)

#### Day - I

##### ***Session - I***

Introduction to WOHTRAC :

History, Objectives and Background  
of Advocacy Workshop.

Introduction of Participants, Objectives of Workshop

##### ***Session - II***

Understanding Advocacy  
(perspective building session)

What is advocacy ?

Why advocacy ?

Scope of advocacy

Place of advocacy

Concepts of advocacy

##### ***Session - III***

Group exercise

##### ***Session - IV***

Tools of Advocacy

#### Day - II

##### ***Session - I***

Case study presentation

'Budget Analysis as an Advocacy Tool' Discussion

##### ***Session - II***

Case study presentation

Advocacy in Academic Settings

##### ***Session - III***

Planning Framework  
(including evaluation of advocacy efforts)  
small group work on planning

##### ***Session - IV***

Small group work (continue)

#### Day - III

##### ***Session - I***

Group exercise

##### ***Session - II***

Evaluation of workshop and closure



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## Appendix - C

### List of The Resource Material

1. Content And Context Of Public Advocacy In India. (1990, Revised 1996).  
Background Paper by S.Srinivasan.
2. Advocacy In India: Some Points Towards An Overview. (1995).  
A Discussion Paper By Jai Sen.
3. Policy Influence, Lobbying And Advocacy.  
An Article By John Clark.
4. Towards An Activist-Friendly Bibliography On Environment-Development Advocacy. (1995).  
A Bibliography Prepared By Jai Sen.
5. Advocacy Guide.  
Prepared By International Planned Parenthood Federation
6. (Excerpts From) The Resource Kit Prepared By National Center For Advocacy Studies, Pune. (1996).
7. Advocacy : Skills and Systems. (1995).  
S. Srinivasan.



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## Appendix - D

### ADVOCACY PLANS BY WOHRAC MEMBERS

#### Dr. Shubhada Kanani

- Broad Area : Girl Child (0-18 years) with special focus in the field of Health , Education and Nutrition.
- Target Audience : Non-Governmental Organisations and Governmental Organisations of Gujarat.
- Specific Objectives :
- To create awareness of discrimination against girl child in Health, Nutrition and Education
  - Promote programmes or revive planned programmes to improve Health, Nutrition and Education of the girl child.
- Strategy :
- Networking with organisations working or planning to work for the girl child.
  - A coalition of few organisations working for the girl child.
  - Producing fact sheets on the girl child.
- Deadline : End of the project.
- Evaluation Parameters :
- Directory of the organisations working on girl child in the Western Region (Gujarat, Maharashtra and Rajasthan)
  - Success of coalition for the advocacy of girl child.
  - Changes in the I.C.D.S programme in Gujarat.



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**Dr. P. V. Kotecha**

- Broad Area:** Curriculum Revision and promotion of Qualitative Research And Women's health linked Research.
- Target Audience :** Medical College:Dept.of Preventive And Social Medecine, Pediatrics, Obstetrics and Gynaecology, Psychiatry, Skin & STD  
(Staff and Post graduate students.)
- Strategy :**
- a. Having specific need assesment &
  - b. Organizing programmes to meet this assessment.
- Deadline :** End of the project.

**Dr. Rajaram**

- Broad Area :** University (M.S.University in particular).
- Target Audience :** University Staff/Students (preferably social-sciences).
- Specific Objectives :** Bring about awareness regarding:
- a. importance of studying women's health (from a holistic perspective)
  - b. research on women's health (from a holistic perspective) - in Social-sciences).
- Strategy :**
- a. Through curriculum appraisal
  - b. By organising programmes on importance of studying this area.
- Deadline :** End of the project : 1998.
- Evaluation Parameters :** To formulate



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**Renu Khanna**

**Broad Area :** Girl Child and Adolescent Nutrition and Health.

**Target Audience :**

- a. Government Functionaries, specifically ICDS, and health staff.
- b. Community members, women and girls

**Specific Objectives :** Bring about changes in the way the ICDS scheme is implemented

**Strategy :**

- a. Review of the ICDS from the perspective of the girl child and adolescent
- b. Presentation of report to Director, ICDS, Health Secretary
- c. Media advocacy of review report

**Deadline :** Dec. 1997.

**Evaluation Parameters :**

- a. review report published and discriminated in at least 3 forms
- b. establishing person with Director, ICDS.



## Appendix - E

### Sub Committee on Advocacy

<u>Area of Advocacy</u>	<u>Time Plan by</u>	<u>Members</u>
I		
Girl Child	April'97	Dr. S.Kanani with Dr. K.Sasikala Ms. Aparna Joshi
a. Directory		
b. Coalition Meeting		
c. Fact sheets : Girl child & education	June'97	Dr. S.Kapadia Ms. Nandini Bhattacharji
Girl child & nutrition		Dr. S.Kanani
Girl child & health		Dr. P.Kotecha
d. Reviving \ improving adolescent girl scheme in Gujarat, ICDS	Rest of 1997	Dr. S.Kanani Ms. R.Khanna
II		
<u>Male Involvement in women's health</u>		
1. Perspective paper of WOHRAC	Mid April'97	Ms. R.Khanna(WOHRAC/WSRC) Meeting end of March
2. Case studies	October'97	Ms. R.Khanna Dr. S.Kanani
a. SARTHI		
b. Adolescent Boy's perceptions on Gender issues	October'97	Dr. S.Kanani
3. Press releases based on Research Data		Dr. K.Sasikala & Documentation Group
4. Small Research Studies		Dr. Rajaram Dr. Kotecha
III		
<u>Women-Centred Health care</u>		
1. Two Workshops on	End June'97	Ms. R.Khanna,Ms.Urvi Dr. K.Sasikala



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- a. Gender sensitization  
of female + male health  
workers (rural,urban)

- b. Modules on "gender issues  
in Women's health"

August'97

Ms. R.Khanna, Ms. Urvi  
Dr. K.Sasikala

#### IV Advocating for Curriculum Change

- a. Rapid Appraisal Report

March'97

Dr. Rajaram, Dr. S.Kanani  
Dr. P.Kotecha

- b. Deciding Strategies for  
Advocacy

April'97

Dr. K.Sasikala, Dr. Rajaram  
and core group

- c. Implementation  
Medicine

Rest of'97

Dr. P.Kotechia

Facilities other than medicine

Rest of'97

and others in other faculties  
(WSRC/WOHTRAC)

- V Budget Analysis and  
State Budget (1997)

April

May 1997

Ms.R .Khanna, Dr. K.Sasikala  
Dr. Rajaram, with LOCOST



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**Publications/Report available at WOHRAC/WSRC**

- # Report of the Workshop on Documentation and Analysis of qualitative Data (1995).
- # Report of the Workshop on Participatory Research Methods for Action Programs (1994).
- # Report of the National Workshop on Women and STDs, HIV, AIDS : Role of Women's Studies Centres (1994).
- # Workshop on Action-Linked Research Methodologies for Women's Health (1993).
- # Women's Views Matter : An Overview of Qualitative Research Methods in Women's Health and Some Experiences from India (1993).
- # Proceedings of a Workshop on Women, Adolescent Girls and Health (1991).
- # The Apartheid of Gender : A Profile and Programmes for the Girl Child in India.







